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Rule Amplifies: RC 5111.01, 5111.02,
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5101:3-3-84.4

**Intermediate care facilities for the mentally retarded
(ICFs-MR): return on equity.**

The Ohio department of ~~human services (ODHS)~~ job and family services (ODJFS) shall pay each eligible proprietary ICF-MR a return on the facility's net equity computed from the cost report of the calendar year that precedes the fiscal year in which the rate is paid at the rate of one and one-half times the average interest rate on special issues of public debt obligations issued to the federal hospital insurance trust fund for the cost reporting period. No facility's return on net equity shall exceed one dollar per resident day. When calculating the rate for return on net equity, ~~ODHS~~ ODJFS shall use the greater of the facility's inpatient days during the applicable cost reporting period or the number of inpatient days the facility would have had during that period if its occupancy rate had been ninety-five per cent.

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information that qualifies for use in calculating a case-mix score as determined under rule 5101:3-3-77 of the Administrative Code, ODJFS may assign a case-mix score for the quarter that is five per cent less than the case-mix score that was used to calculate the ICF-MR's rate for the preceding calendar quarter and shall use the assigned score in place of the median case-mix score as prescribed by paragraph (A)(1)(a)(i) of this rule.

- (iii) After the ICF-MR submits its three-month cost report under rule 5101:3-3-20 of the Administrative Code, its rate shall be determined using the lesser of its actual CPCMU as determined under paragraph (A)(1)(a)(iii)(a) of this rule, or the maximum CPCMU for the peer group from the calendar year preceding the fiscal year in which the rate will be paid. The ICF-MR's actual CPCMU shall be used only if the ICF-MR submits assessment information that qualified for use in calculating a case-mix score under rule 5101:3-3-77 of the Administrative Code. Otherwise ODJFS shall continue to use the median CPCMU for the ICF-MR as prescribed by paragraph (A)(1)(a)(i) of this rule.

(a) The ICF-MR's actual CPCMU is determined by dividing the ICF-MR's desk-reviewed, actual, allowable, per diem direct care costs determined from the three-month cost report by the ICF-MR's actual case-mix score(s) from the reporting quarter or quarters ended during the cost report period.

(b) The inflation rate used to inflate the ICF-MR's actual CPCMU referenced in paragraph (A)(1)(a)(iii) of this rule by using the midpoint of the cost report period to the midpoint of the fiscal year in which the rate will be paid to calculate a prorated portion of the eighteen-month inflation rate determined under rule 5101:3-3-79 of the Administrative Code for that fiscal year. The inflation rate used to inflate the median CPCMU or the maximum CPCMU referenced in paragraph (A)(1)(a)(iii) of this rule shall be the eighteen-month inflation rate determined for the fiscal year under rule 5101:3-3-79 of the Administrative Code.

- (iv) If the ICF-MR is a replacement facility and the facility or facilities that are being replaced are in operation immediately before the replacement ICF-MR opens, the direct care rate shall be the same as the direct care rate for the replaced facility or facilities, weighted by the number of beds from each replaced facility. If one or more of the replaced facilities is not in operation

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immediately before the replacement ICF-MR opens, its proportion of the direct care rate shall be determined under paragraph (A)(1)(a)(i) of this rule. When the provider files the three-month and calendar year cost reports required by rule 5101:3-3-20 of the Administrative Code, the direct care rate shall be calculated as provided in paragraphs (A)(1)(a)(ii) and (A)(1)(a)(iii) of this rule.

(b) The rate for other protected costs shall be determined as follows:

- (i) The initial rate shall be one hundred fifteen per cent of the median rate for all ICFs-MR as calculated at the beginning of the fiscal year in which the rate will be paid under rule 5101:3-3-82 of the Administrative Code. The median rate will not include the franchise permit fee. Facilities billed this fee in their initial rate year, will be assigned an add-on amount as provided in paragraph (A) of rule 5101:3-3-82.1 of the Administrative Code.
- (ii) After the ICF-MR files its three-month cost report under rule 5101:3-3-20 of the Administrative Code, its rate shall be its desk-reviewed, actual, allowable per diem other protected costs determined from the three-month cost report multiplied by an inflation rate. The inflation rate used to inflate the ICF-MR's desk-reviewed, actual, allowable per diem other protected costs determined from the three-month cost report shall be determined by using the midpoint of the cost report period to the midpoint of the fiscal year in which the rate will be paid to calculate a prorated portion of the eighteen-month inflation rate determined under rule 5101:3-3-82 of the Administrative Code for that fiscal year.

(c) The rate for indirect care costs shall be determined as follows:

- (i) The initial rate shall be the applicable maximum rate for the ICF-MR bed-size group as calculated for the fiscal year in which the rate will be paid under rule 5101:3-3-83 of the Administrative Code. ODJFS shall assign the ICF-MR to the applicable bed-size group based upon the number of medicaid-certified beds of the ICF-MR as determined under rule 5101:3-3-83 of the Administrative Code.
- (ii) After the ICF-MR files its three-month cost report under rule 5101:3-3-20 of the Administrative Code, the rate shall be the lesser of:

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